

Docket No.: 000166.0109-US04
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
David Edwards et al.

Application No.: 10/771,447

Group Art Unit: 3743

Filed: February 5, 2004

Examiner: M. B. Patel

For: INHALATION DEVICE AND METHOD

TRANSMITTAL LETTER

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced
Patent Application:

1. Amendment Transmittal (in duplicate);
2. Supplemental Amendment; and
3. Certificate of Transmission.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted
to be filed or which should have been filed herewith (or with any paper hereafter filed in this
application by this firm) to our Deposit Account No. 50-0740, under Order No. 000166.0109-
US04. A duplicate copy of this paper is enclosed.

It is not believed that extensions of time or fees for net addition of claims are required
beyond those that may otherwise be provided for in documents accompanying this paper.

Application No.: 10/771,447

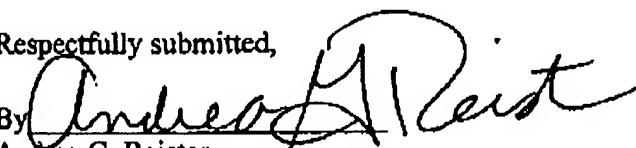
2

Docket No.: 000166.0109-US04

However, if additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to our Deposit Account No. 50-0740.

Dated: May 15, 2006

Respectfully submitted,

By 
Andrea G. Reister

Registration No.: 36/253
COVINGTON & BURLING
1201 Pennsylvania Avenue, N.W.
Washington, DC 20004-2401
(202) 662-6000
Attorneys for Applicant

FAX TRANSMISSION

DATE: May 15, 2006

PTO IDENTIFIER: Application Number 10/771,447-Conf. #3817
Patent Number

Inventor: David Edwards et al.

MESSAGE TO: US Patent and Trademark Office
Examiner Lopez

FAX NUMBER: (571) 273-7937

FROM: COVINGTON & BURLING

Andrea G. Reister

PHONE: (202) 662-5141

Attorney Dkt. #: 000166.0109-US04

PAGES (Including Cover Sheet): 14

CONTENTS:

Transmittal Letter (in duplicate);
Amendment Transmittal (in duplicate);
Supplemental Amendment; and
Certificate of Transmission.

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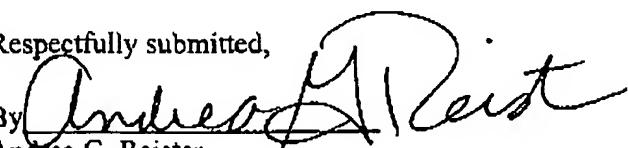
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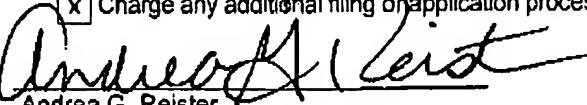
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By 
Andrea G. Reister

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Attorneys for Applicant

AMENDMENT TRANSMITTAL LETTER				Docket No. 000166.0109-US04	
Application No. 10/771,447-Conf. #3817	Filing Date February 5, 2004	Examiner M. B. Patel	Art Unit 3743		
Applicant(s): David Edwards et al.					
Invention: INHALATION DEVICE AND METHOD					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	17	- 22 =		x	
Independent Claims	2	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input checked="" type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0740</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Andrea G. Reister Attorney/Agent Reg. No.: 36,253					
Dated: <u>May 15, 2006</u>					
COVINGTON & BURLING 1201 Pennsylvania Avenue, N.W. Washington, DC 20004-2401 (202) 662-5141					

AMENDMENT TRANSMITTAL LETTER

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M. B. PatelArt Unit
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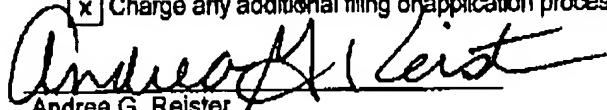
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Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. _____ in the amount of \$ _____.
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Attorney/Agent Reg. No.: 36,253COVINGTON & BURLING
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